

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kan  
City Kansas City (No. 1002)

Registration District No. 399

Primary Registration District No. 1002

File No. 36729

Registered No. 1253

St. 1253 Ward

2. FULL NAME

(a) Residence, No. 1702

(Usual place of abode)

St. 1253 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1867

7. AGE YEARS 70 MONTHS 7 DAYS 13 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Walter Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lucretia Pope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Recess Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash DATE 10-16, 1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 10-17, 1937 M. M. Crowe, cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13-1937, to 10-15-1937

I last saw him alive on 10-15-1937 Death is said to have occurred on the date stated above, 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Perforated Stomach with generalized Peritonitis due to perforation of Stomach due to strangulated hernia  
Other contributory causes of importance: 122a

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. A. De Maria, M. D.

(Address) Sup. K. C. General Hosp.

Ed. Musmann

